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Management of Abortion.

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BY

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The process of expulsion of an ovum at any time prior to three months is termed an abortion. Between three and seven months, a miscarriage. Between the last period and full time, a premature labor.

In this paper I will not limit the age of the ovum to three months to constitute an abortion, but will extend its age to four months. Nor will I draw a distinction between placenta and decidua, but will use the terms interchangeably.

Pages have been written on the development of the placenta, and to some extent the story of its growth is yet cloudy; but it is generally agreed that the placenta is distinctly formed at three months. Prior to that time, that which is to make the placenta is called the decidua and membranes.

Generally, the nearer the approach to full time, the more physiological becomes the labor, and the less dangerous. And the younger the ovum, except in first two weeks, the more hazardous is the process.

This paper has little to do with the causes of abortion, but will occupy itself with its management.

Before two to two and one-half months, except in first days, the fœtus is wrapped entirely by the placenta, which is described as a thick, wooly coat, and in many or most cases, the entire ovum is expelled unbroken and resembles a clot of blood. But should the wrappings or membranes rupture, the fœtus will pass out and the membranes follow at some time afterward.

From about two and one-half months on, the fœtus is covered only by the water membranes, and in abortion, the fœtus leaves the womb separated, bodily at least, from the placenta.

An impending abortion is announced by pain, flow, and often a chill. All of these may be present, or only the first and second. Authors try to lay down the amount of pain and flow that may be taken as a guide as to whether we shall try to prevent or encourage the expulsion of the ovum.

Certainly, no such rule can be relied upon. The condition of the os uteri is a much surer guide; for if dilated and soft, there is little use to try prevention.

I have failed oftenest to prevent even when the os was undilated in cases of pronounced chill.

I am supposing that the case is seen within a few hours after the onset of the above symptoms. Then in all cases, unless the os is dilated and softened and the ovum presenting, the treatment of prevention should be given. Put the patient in bed, keep her as cool as possible, give plenty of acid drinks, and give opium to the extent of entirely stopping pains.

My mode of giving opium is this: One grain of morphia in ten teaspoonsful of water. Give a teaspoonful every fifteen minutes until pain is stopped. I couple with that a mixture of bromide of potash, hydrate of chloral and fluid extract gelsemium, to allay the nervous element.

As for viburnum prunifolium, it has failed me in three successive cases.

I have never tried acetanilid or any of that family of remedies, fearing their disposition to produce hemorrhage as well as their depressing effect.

If in spite of treatment the pains and flow should continue, or should they stop for some hours then commence again, especially should copious hemorrhage occur, (an indi-

cation of extensive loosening of ovum from uterine walls,) then encourage. How?

Knowing that ordinarily the process of abortion requires from three to four times as long as labor at full term, we cannot spare all that time at the bedside; and yet, unlike a full term labor, it is never safe to leave the case. So what course shall we pursue which will hurry the case safely, and take the minimum of our time?

Use the tampon and quinine.

In the process of abortion, there are three sources of danger: First, hemorrhage. Second, septicæmia. Third, new growths, delayed hemorrhage, and those conditions which result from leaving pieces of placenta (not causing blood poisining).

To avoid these requires different procedures at the different stages of the process.

We often hear of meddlesome midwifery, but nothing is said of meddlesome interference in abortion. Yet I am firmly convinced that a good-sized chapter can be written on this subject. By meddlesome interference, I mean the thrusting of the fingers into the womb and the attempting to tear the ovum loose in the early hours of abortion.

So this paper will raise its voicc against the early forcible emptying of the womb.

The first danger, hemorrhage, can be effectually prevented and controlled by the tampon. With its use, we prefer a hemorrhage. For not only does the tampon keep it under control, but turns it to good account by damming the blood back into the womb, which enlarges that organ, breaks the connection between its walls and the ovum, and thus dissects the ovum loose. Nor is this all; for it is well known that the tampon softens the neck and renders it dilatable, and it stimulates pains. So every indication is fully met by the tampon.

Ergot has no place in the management of abortion before the ovum is expelled. Given, it is liable to produce an hour-glass contraction or a tetanic condition of the whole womb, which delays for hours the very thing we want to accomplish.

Five to ten grains of quinine will stimulate the womb to more frequent and forcible contractions, and will in no way interfere with the process.

Then in every case of abortion use the tampon. Use it early and thoroughly, unless the ovum or fœtus is presenting at the mouth with acute pains and little hemorrhage, and even then give the dose of quinine.

The tampon is better than the tent, for that may be pushed out in front of an advancing two or three months fœtus, and if the placenta is not detached and with the fœtus, and this is often the case, hemorrhage is very likely to follow. It is better than rapid and forcible dilatation by the fingers, because if the same conditions exist as above, the same results follow. It is better than dilating with rubber bags, because it requires less expertness, is safer and more satisfactory.

Then, being called to a case of inevitable abortion, always tampon and give five or ten grains of quinine. Or if pains are active, leave as much quinine to be given in case they flag.

The patient may be left in safety for twelve to twenty-four hours. No harm can come to her. On the contrary, the probability is that on removing the tampon the ovum in its entirety will be found lying outside the mouth of the womb.

Should it not be there, and is not within easy reach with the finger, it has not separated yet, but the mouth of the womb will be softened and dilatable.

Then wash out vagina with carbolic acid solution, and introduce a new tampon for a period similar to the first. On its removal, the ovum may be expected outside the womb. If not there, it has in all probability loosened and is lying in the womb, and will then require manual removal. It will demand such removal if there is much bad odor and a discharge of broken-down placenta.

We objected to the early forcible dilating and thrusting finger into womb. It does not remove the liability to hemorrhage. It makes a foreign body in the womb, and admits air; the last two assist in decay, and bring the danger of septicæmia. For some fibres of

the neck will be broken and abrasions made in the mucous membrane of the same, and here is a good place for the absorption of the decayed matter as it passes out. I mean the decaying bits of placenta, for I believe that in the early hours of abortion it is next to impossible to remove the delicate friable placenta entirely. Little hillocks and bits and shreds will remain attached to the uterine walls, which will either be absorbed or thrown off by decay and pass out over this abraded surface as a fœtid brownish discharge, or may become partially organized and remain in place to do mischief.

I maintain, that left to its contractions, the womb will clean itself more thoroughly than by passing the finger up; for the placenta being easily torn, patches will be left—not always so, but there is likely to be.

Having tamponned and used means to increase pains for twelve to seventy-two hours, in most all cases the ovum will have passed. If not, it is time to consider other means.

If there is slight bad odor and only slight tenderness over womb, and no chill and little or no headache and fever, we need not fear blood poisoning.

If the placenta is considerably attached yet, it retains its vitality to such a degree that decay does not set in, and even if considerably loosened, the womb may be closed tightly on it, admitting no air, and so preserve it for days and weeks, and then a certain amount of flow occurring washes out the broken pieces. Even yet I would not try to take the placenta, but leave the tampon out and wait a day; not over night, however.

I wait because the womb will almost surely relax and contract again.

In short, as long as the general condition is good, don't interfere.

But the headache, rapid pulse, increased tenderness and perhaps chill, tell us of septic matter and its absorption, and that the placenta does not intend to leave the womb whole. And the second danger has come. Now the giving of chloroform is called for, and manual removal of the contents of the womb. The patient should be put thoroughly under the influence of chloroform, the hand introduced into the vagina, the fingers into ihe womb, and the mass hooked out. He who attempts this without chloroform will have an unsatisfactory task in many cases, for there is often great pain and much resistance. Our authors lead us to think that it is easy to press the womb down with one hand on the outside, introduce the fingers of the other hand into the womb, and remove an ovum or placenta.

To the expert or specialist it may be so, but to the general practitioner it is something of a feat, and a very painful affair to the patient. Under chloroform, the mass can be comparatively easily swept out. Then a carbolic acid solution injection removes all danger of blood poison.

The dangers of septicæmia are greatly overrated. The tampon, time and patience will make a safer, cleaner and more satisfactory recoverv than by the hurried impatient method. It may be thought that this method requires too much time, but in view of the thorough recovery and undelayed involution, I think not. Besides, the time actually spent with the patient is very little.

The third danger and trouble is the result of early interference. It is this: Violent hemorrhage coming on days and weeks after an abortion, continual stinking discharges, polypoid growths caused by semi-organization of the bits of placenta left in utero.

For this condition, the dull curette scraped lightly over uterine walls—I don't say over the placental attachment—for I don't think you can tell that, in most cases at least, then tincture of iodine or pure carbolic acid mopped over, and the latter repeated twice a week for a week or two will effectually cure. I depend on the application of carbolic acid alone. My mode of applying is to slowly deposit eight or ten drops mostly near the fundus, using a syringe with a long nozzle, the one recommended by Skein in the treatment of endometritis. From two to five such applications three days apart are sufficient.

Going back to the first visit, how shall we tampon? I have found common clean

cotton batting to answer perfectly well in every respect. I do not even carbolize it. I have never found it necessary. I doubt not it would be better, though. I always use a speculum. Dilate the vagina, and with dressing forceps introduce small lumps or pledgets of cotton, squeezing them into loose balls, first around the neck, then over the os, then pack the vagina full.

I have never used the T bandage as authors advise, but I direct my patient when she wishes to urinate to press the cotton back and up, thus relieving the urethra of pressure, and if bowels move, to keep the cotton in place by pressure with finger.

Through this packing some blood will often find its way. Of this I am always glad, for it gives drainage to the womb and permits parts of broken-off placenta to pass out of and not decay in the womb. To one who has never used a speculum to tampon with, I advise him to try it. He will always use it afterward. It is painless and thorough. Even in the face of much hemorrhage it will pay to use the speculum, and not to thrust cotton up without it, for a properly applied tampon with the speculum is a reliable means. A hurried stuffing without speculum is often a delusion, and had as well not been done.

For after treatment, a few doses of ergot and bromide of potash hasten involution, and a few days after this I prescribe an iron tonic.

Now my paper might have been more aptly called "A plea for the tampon," and had I read my authors as carefully before naming it as I have since, I probably would have so named it; for I have said nothing new about the process of abortion, nor have I discovered any remedy for its prevention.

But these things I believe:

1st. Don't give ergot in abortion.

2d. Depend on quinine to increase uterine contractions.

3d. The dangers of septicæmia are slight under course suggested.

4th. Time given the womb to effect this process is much, much better than early dilating and thrusting the finger in the womb, thus carrying in a foreign body and admitting air.

DISCUSSION.

Dr. Colladay.—Strongly advocates the use of the tampon. Always uses the T bandage. Uses ergot at times. Heartily endorses the treatment as recommended by the author.

Dr. M. B. Ward.—Commends the paper in general, but would not recommend the intra-uterine use of pure carbolic acid. Rather wash out the uterus two or three times per day where septicæmia is threatening. Does not believe carbolic acid a good disenfectant. Advises the internal use of tr. ferri mur. as an after treatment. Commends the tampon, quinine and bromide of potassa at times of abortion. Believes a great many cases of retro-version and retro-flexion caused by prone position of body after abortions. Advises to let patient sit up immediately after the expulsion of the ovum and secundines. May sit either in chair or bed.

Dr. J. T. Axtell.—Commends paper. Recommends large size Syms' speculum to make application of tampon. Always uses cotton tampon. Advises thorough cleansing of vagina. Buys best grade commercial batting and bakes it in oven of stove to make it antiseptic. So treated, he finds it for tampon purposes to equal the surgical cotton. Would not wait as long as author recommended before removing placenta. Prefers fingers to forceps. Have no use for ergot in abortions. Favors the use of quinine to promote uterine contractions.

Dr. Nannie A. Stewart.—Commends paper, but would like the author to state when we should cease our efforts to prevent the abortion and direct our attention to the abortion itself.

Dr. A. S. Cloud.—Strongly recommends allowing patients to sit up, both in bed and in chair. Exhibited Smith's improved speculum, and recommended its use in tamponing. Uses large ring curette to remove placenta. Uses ergot sparingly. Never gives quinine in large doses for anything. Thinks it a mistake to tampon the vagina for the purpose of controlling hemorrhage.

If he tampons at all, tampons the os itself. Recommends washing the womb every time after abortion, and keep washing it till patient is well.

Dr. O. L. Peck.—Used acetanilid in a recent case of abortion to allay distressing uterine irritation, and it acted nicely. Recommends patients sitting up after confinement at full term or abortion.

Dr. C. C. Furley.—Recommends tampon. Believes injections into the womb to be dangerous treatment. If injection is used, should always be antiseptic. Commends paper.

Dr. L. S. Hall.—When the membranes are not ruptured, keep hands off. If they are ruptured and hemorrhage is threatening, remove the ovum if possible. Finger is best. Always use absorbent cotton and Syms' speculum in tamponing. Does not advise iron soon after abortions. Believes it increases discharge. Uses ergot and bromide potash to expell placenta. If they fail, uses curette. Does not agree with Dr. Ward as to asepsis. Thinks clean boiled water the best cleanser.

Dr. V. E. Lawrence.—Am well pleased with paper. Believe tampon to be safe. Have found irrigation to reduce temperature when septicæmia was threatening. Believe viburnum to be an excellent preventive when abortion is threatening.

Dr. Colladay.—Thinks he has had better results in cases of abortion when his patients were nursed by family rather than by the average so-called trained nurses. Advises and commends the use of viburnum both to prevent a threatened abortion and to allay excessive uterine irritation during abortion.

Dr. O. J. Furst.—Never received any benefit from quinine in producing contractions. Thinks nurses should never be entrusted to wash out womb.

Dr. Maguire, in conclusion.—In answer to the criticism on the use of full strength carbolic acid in uterus, will say that I used it to break down and destroy vegetations, rather than as an antiseptic. Have never used bichloride to wash out uterus. Have never lost a case from septicæmia.

Vaginal Hysterectomy.

By E. E. MONTGOMERY, M.D., Philadelphia.

Read before the Kansas Medical Society at Wichita, Kansas, May 15, 1891.

It may be a question whether the discussion of this subject has not become so trite that an apology should be required for its presentation before an organization with the standing and character of the Kansas State Medical Society, but the writer has seen so many cases where its value has been overlooked and neglected until the patients have reached such a stage in the disease that it is no longer possible to subject them to any radical procedure, that he feels the question cannot be too thoroughly nor too frequently discussed.

In cancer of the uterus we have a disease, oftentimes insiduous in its progress and tending to such a stage of development before its gravity has been recognized that all opportunities for successful treatment have passed. It is a disease far-reaching in its effects, tending to relapse or development where it has not been completely extirpated, and yet in its early stages is, without question, a local disease. It is quite probable that future researches will demonstrate what has already been foreshadowed—that malignant disease in its various forms is dependent upon the irritation from the presence of bacilli, and if we can succeed in removing or destroying them before they have migrated to the surrounding tissues or organs, we may hope to save the patient from the further baneful results of the disease.

The more thoroughly the nature and progress of the disease is studied the greater is the inclination to attempt its arrest or removal by a radical procedure. The removal of the entire uterus for this purpose was done as early as 1560. It was removed through the vagina by Sauter in 1822, and the operation repeated by Langenbeck, Blundell, Recamier, and others, until West could report twenty-five cases with twenty-two deaths. A mortality so great as this, however, was not conducive to the continu-

ance of its practice. The modern operation was introduced by Czerny in April, 1879, but the procedure evidently did not impress him very favorably, as his next two operations were done by Freund's method, and it was only after the operation had been several times successfully done by others, that he returned to the vaginal method. Although the operation has been frequently performed, so frequently, indeed, that the statistics of many hundred operations can be presented, yet it still has its able and earnest opponents.

The operative procedures that have been advocated in preference to vaginal hysterectomy are the various methods of amputation of the cervix. Amputation by means of the galvano-cautery, with a knife, or with scissors, and what is known as the Baker operation or higher amputation of the cervix. It is claimed by many that the latter operation is one of less danger than vaginal hysterectomy, and as effectually accomplishes the purpose of radical cure.

Hoffmeier, a few years ago, presented an able paper in which he claimed the results of the higher amputation were far more satisfactory than those of extirpation. The later work, however, of Leopold and many others, has demonstrated the fact that the mortality of vaginal hysterectomy is exceedingly slight. Muncheyer, Arch. of Gynæk., 1889, XXXXI, 424, reports 110 cases of total extirpation, with but six deaths, this being a mortality of but five and one-half per cent., and in this list of cases there was a series of fifty-two cases without a death. Forty-three cases of the list were Leopold's, with three deaths, one of ileus and two of sepsis. These 110 cases were not all done for cancer of the uterus, some having been performed for fibroid growths within the walls of the uterus, for prolapsus of the organ, and some for neurotic condition. Of eighty cases operated upon for cancer, four, or five per cent. died. Of the seventy-six surviving cases, fourteen died later, so that up to this time, of eighty cases operated upon within five and one-half years for cancer of the uterus, sixty-two, or 77.5 per cent. still live.

When we consider that these operations were done upon cases suffering from a disease with so grave a prognosis as that of cancer of the uterus, in which death is absolutely certain unless the patient can be subjected to some radical operation, it does not seem that five per cent. mortality is one to be dreaded. After the patients have recovered from the immediate effects of the operation, there is nothing in the subsequent condition that is likely to increase the probabilities of a fatal result.

In the study of the value of the operation, we must take into consideration its ultimate results. Malignant disease usually begins in the mucous membrane and sub-mucous layer. The disease progresses or extends more rapidly in the continuous structure, so that we are more likely to have infiltration, to a greater or less degree, of the mucous membrane above the point of involvement than of the sub-adjacent structures, and in one case under the writer's observation—which will be noticed later in case IV—examination of the cervix disclosed malignant disease. After the removal of the organ, it was found that the canal of the uterus at the internal os, and immediately below it, was comparatively healthy, but the entire mucous membrane of the body of the organ had undergone malignant change, so that had this patient been subjected to a high amputation of the cervix, we would have seen in a very short time the development and rapid extension of the trouble from the involvement of the mucous membrane of the body.

If there is but very little increase in the mortality of the operation where the entire uterus is removed over that of higher amputation of the cervix, it seems to us that our chances for the ultimate benefit of the patient are far greater, and fully justify a slightly increased risk; but the results of the two operations, as presented respectively by Hoffmeier and Munchmeyer, disclose that the rate of mortality is more favorable to the total extirpation of the organ.

In cancer of the uterus involving the mammary gland, it is a well recognized fact that the removal of every vestige of the gland is absolutely indicated, and any por-

tion of this organ remaining is likely to be the site for subsequent redevelopment of the disease, and it seems to us, that in malignant disease of the uterus, the entire removal of the organ is just as absolutely indicated.

The value of an operative procedure can only be determined by careful study of its results. As the operation known as vaginal hysterectomy was only re-introduced in April, 1879, there has not been time for the collection of a large series of cases running over a period of years to demonstrate whether the disease is likely to return; but as to relapse, it certainly cannot be claimed that it is more likely to take place with the entire removal of the organ than when only a portion of it is removed.

Of the fourteen fatal cases reported in Munchmeyer's tables, ten, or twelve and one-half per cent. died from a relapse; of the other four, one died of pulmonary phthisis, and two died insane. Examination in these cases disclosed no return of the disease. One other died suddenly of heart failure. Of the surviving sixty-two cases, only three show evidence of relapse. A case escaping relapse for two years may justly be considered cured. Of forty-two cases operated upon over two years ago, twenty-seven, or 64.5 per cent. were known to have had no relapse.

As we review the literature of the subject, we find there has been a very great diversity of procedure in the performance of the operation for the removal of the uterus through the vagina. Thus, some operators have been in the habit of incising the tissues about the cervix and dissecting upward between the bladder and uterus into the anterior cul-de-sac, and everting the uterus anteriorly. Others, after opening the posterior cul-de-sac, draw down the fundus of the uterus posteriorly. Then again, the broad ligaments through which the vessels reach the uterus have been ligated in sections, or *en masse*, have been crushed with an ecraseur, and have been clamped. After the removal of the uterus, the peritoneal surfaces have been sutured, the vaginal surfaces sutured, and again the peritoneal and vaginal have been brought together by sutures, drainage has been practiced into the peritoneal cavity or only below the peritoneum. The tendency of the later methods has been to simplify in the performance of the operation and security in arresting hemorrhage. It has always been difficult to apply a ligature upon the broad ligament, put upon the stretch, that would not slip when the uterus was separated from the adjoining tissues, and the process of ligation, whether done in section or *en masse*, was necessarily slow, hemorrhage occurring, was difficult to control, and the operation was obviously a tedious one, requiring a long time for its accomplishment, increasing necessarily the danger from shock. The operation has been much shortened by the introduction of the clamps in preference to ligation. It is quite evident that to Richelet is due the honor of having suggested and practiced the use of the clamps or forceps in preference to ligation. It is no longer found necessary to introduce sutures subsequent to the removal of the organ, and drainage is accomplished by the use of the gauze tampon.

The following method of procedure has been found a very excellent one in removing this organ:

First, in the cases in which the uterus is extensively involved with tissue that is sloughing and breaking down, it is wise as a preliminary step to carefully curette off all diseased and broken-down tissue and tampon with iodoform gauze. This may be done a few days before the operation is to be performed. After the patient is thoroughly anæsthetised, she is placed in a recumbent position with the limbs firmly flexed, the body drawn well down upon the table, a Sim's speculum passed over the perineum, and the latter depressed. The vagina then thoroughly washed out with a disinfectant solution, taking first a 1-2000 acid sublimate, following this, after drying the parts, with 1-4 peroxide of hydrogen, then grasping the cervix with a four-pronged volsella forceps, by which a large mass of it can be brought within the grasp of the instrument it is dragged down, and after having carefully determined the relation of the bladder and

the possible position of the ureters, an incision is made about the cervix at sufficient distance from the diseased tissue to make sure of being in healthy structure, when the vagina is pushed off anteriorly, dissecting up with the finger on uterus until the peritoneum is reached. The same method of procedure is practiced posteriorly, and after the careful drying of the vagina, seizing any bleeding vessels with hæmostats, an opening is made through the posterior cul-de-sac into Douglas' pouch and a large sponge, with tape attached, pushed through this, serving the double purpose of keeping the intestines back and preventing the entrance of blood or other material into the abdominal cavity. The peritoneum is now opened anteriorly, and a pair of clamps, one blade passed posteriorly and the other anteriorly to the left broad ligament, the clamps brought together and screwed down so as to thoroughly compress the broad ligament and arrest any possible bleeding. It is important in applying these clamps to drag down the ovary and tube, and so apply them that they will be outside of these organs and permit of their removal with the uterus. Where it is apparent that the ureter may be compressed below, it is better that the lower portion of the broad ligament should be cut through, and if the uterine artery bleeds, it should be seized with a separate pair of forceps in order to avoid the slightest possibility of pressure upon the ureter. If the uterus has been with difficulty dragged down, the broad ligament on the left side may be cut through close to the clamp, which will greatly facilitate the application of the clamp on the right side. There is but little danger of much blood being lost through the uterus. With the application of the clamp to the right broad ligament and the removal of the uterus, (taking care to remove also the tube and ovary on this side,) the two clamps are moved to opposite sides and the sponge drawn from Douglas' pouch; this smooths out the peritoneal edges and any tendency to prolapsus of the intestines or omentum is prevented by the introduction of a twist of iodoform gauze carried up to the edge of the peritoneum. This completes the operation of vaginal hysterectomy.

In suitable cases the operation can be performed in a very short time. The writer in one case removing the uterus in fifteen minutes. The clamps are removed at the end of from twenty-four to thirty hours; the tampon should be permitted to remain for forty-eight hours, after its removal the tract should be irrigated with a weak solution of acid sublimate, carbolic acid, or the peroxide of hydrogen may be used. It is well to remember that the operation has been applied to the removal of the organ for other diseased conditions than that of carcinoma. Thus it has been done, as we have already noted, for uterine myomata, prolapsus of the uterus, and various neuroses. Other operations of less gravity can be performed in these conditions, and consequently render this operation less frequently necessary.

The writer has performed the operation six times. The first patient was operated upon October 4, 1888. She was a woman forty years of age; the mother of two children; had had hemorrhage, pain, and an offensive discharge for some months. The disease had been pronounced by competent microscopists to be malignant. The uterus was freely movable, and the disease confined to the cervix. The clamp forceps were applied to the broad ligament and removed at the end of sixty hours. The maximum temperature during the convalescence was 100°. This patient continues well, and recently nursed a patient for me. She has experienced no indication of a relapse.

CASE II. A woman fifty-one years of age, the mother of several children, who had ceased to menstruate at forty-six. A year ago she had a bloody discharge which at times amounted to hemorrhage, was pale and weak. Cervix was healthy, the body of the uterus enlarged and hard, the introduction of a small probe was followed by bleeding; curetting the uterus gave negative symptoms. The age of the patient, the interval since the menopause before the return of the bleeding, the size and density

of the uterus, with frequent lancinating pains, led to the diagnosis of probable cancer of the body. Vaginal hysterectomy was performed February 14, 1889. The patient recovered without an unpleasant symptom. Subsequent examination of the uterus failed to confirm the diagnosis of malignant disease. Duration of the operation, thirty minutes. This patient was an inmate of the Philadelphia hospital, and has since been reported as dying from mammary cancer.

CASE III. A woman forty-two years of age, mother of two children, who had had hemorrhage for two years with great pain and an offensive discharge. Uterus was movable, no involvement of the broad ligament, the cervix was excavated and its vaginal portion destroyed. Vaginal hysterectomy July 5, 1889. Duration of operation, thirty-five minutes. Her condition was excellent for one week, when tetanus set in, which resulted in her death on the fourteenth day. Tetanus in this patient followed the fondling of a pet dog on the seventh day, and I am inclined to believe that it was through it she received the germs of the disease.

CASE IV. A woman forty-eight years of age, operated upon October 1, 1889. She had had seven children and four miscarriages, the last labor five years ago. A miscarriage occurred two years since, following which she has been subject to hemorrhages. Four weeks previous to my first visit she had been suffering from continuous bleeding, which had resulted in a weak and bloodless condition confining her to the bed. Cervix was lacerated posteriorly, labia enlarged, and its mucous membrane everted, abraded and hypertrophied. Body of the uterus also enlarged, elongated and retroverted. Uterus freely movable, and no indication of the extension of the disease to either the vaginal or broad ligaments. Microscopical examination disclosed epithelioma. The operation was a little difficult owing to the size of the fundus. Upon examination of the organ removed, the internal os and upper part of the cervical canal were found uninvolved, but the entire mucous membrane of the body was in a state of malignant degeneration. The patient recovered and has since remained in good health.

CASE V. A woman forty-five years of age, the mother of several children, had enjoyed good health until within a year, when uterine hemorrhage set in, occurring every few weeks without reference to menstruation. Examination disclosed a healthy cervix. Introduction of the sound, however, was followed by a discharge of blood. The body of the uterus was somewhat enlarged, and this, with the pain and irregular hemorrhage, led to the diagnosis of probable cancer of the body. Operation was done January 20, 1890. Duration of operation, thirty-five minutes. Patient recovered, and has since increased in flesh and improved in health. Upon examination of the uterus it was found that the bleeding arose from a fibroid in its anterior wall, which was not larger than a hickory nut. A number of fibroids existed in both walls.

CASE VI. A woman forty-one years of age, who had had several children, had suffered for a number of months from uterine hemorrhage, attended by a discharge of small pieces of tissue, and with much pain. Cervix presented a granular, friable surface which bled upon the slightest pressure. Uterus was freely movable; no involvement of the vagina or broad ligaments. Operation, March 20, 1890. Duration of operation, fifteen minutes. Patient recovered and has since been in good health.

Of this series of cases, four (cases I, III, IV and VI) were undoubtedly cases of malignant disease. One (case II), doubtful; and one (case V), multiple myoma. Case I can be claimed as absolutely cured.

In conclusion, we would claim that the experience of the present day abundantly justifies us in urging vaginal hysterectomy in all cases where any part of the uterus is the seat of malignant disease, provided only that it can be demonstrated that the disease has not as yet passed from the uterus into the surrounding tissues, and in case of doubt, the patient should be given the benefit of the doubt, and the organ removed.

Second, in urging the use of the clamps

to control hemorrhage as preferable to the use of the ligature.

Third, that the operation may be done in suitable cases as safely as ovariotomy and is to be as urgently recommended.

A Protest Against Carelessness in the Examination and Treatment of Female Patients.

Read before the Golden Belt Medical Society, January 7, 1892,

BY

M. B. WARD, M.D., Topeka, Kansas,
PROFESSOR OF GYNECOLOGY IN THE KANSAS MEDICAL COLLEGE.

Mr. President.—The members of our profession are, as a rule, desirous of obtaining knowledge at any reasonable sacrifice of time and money. We therefore leave our homes, our practice, and often very sick patients, and wend our way to medical societies, medical centers, and go out of our way to gather a little here and a little there with the one purpose in view, viz., the better to fit ourselves for the great responsibilities of the general practitioner or the specialist. The physicians' sacrifice of time, money and life's comforts to serve their *clientele* is not excelled by any other calling or profession. Our most intimate friends, and even our near relatives, have but a faint conception of the every-day toil and midnight study of the earnest, honest and busy physician and surgeon.

Most of the essays read at medical societies and lectures delivered in medical colleges are prepared when other people are in bed and enjoying their rest, while the physician is toiling and studying how best to relieve suffering, prevent disease and to save life.

Whatever profit there may be in carrying out this great scheme of life-preserving, it cannot for one moment be compared with the comfort of knowing that what we have done for our patients was the wisest thing that could be done, and that no one could have done better.

This is a standard of perfection which we should all strive to attain. In spite of our endeavors, however, to do the right thing at the proper time, we often will come short of the mark.

The field is too large and the complications too numerous, and thus the necessity of dividing our work, that some may go east, some west, some north and some south in search of truth and experience, and then come together at these various medical society meetings and unload at the feet of all the facts we each have garnered, keeping nothing back; and, after reviewing our work and comparing notes with each other, we disband to go out again to do better work, more good, and to receive our reward. We do not always get credit for the good we have done, but often we are praised for bad work performed. I believe, in the general rounding up, the world is fair and is usually correct. We may deceive our friends sometimes, but not always.

We are here, therefore, to renew our vows to never be careless in diagnosing and treating diseases which may, if neglected, lead to prolonged suffering and perhaps death. It has been both my misfortune and pleasure to have had only recently two cases which will clearly illustrate the danger referred to. I say my misfortune, because it is unfortunate to be called to examine and treat grave cases which have baffled other, and perhaps better surgeons; and it is a pleasure, on the other hand, to be conscious that our diagnosis and treatment were correct and satisfactory.

I have selected these two cases to report to you at this time for the following reasons: First, they gave an unusually obscure history of pelvic disease, which fact alone will, I am certain, convince you that these conditions are more common than formerly supposed; second, they both had been east to consult prominent men and both returned to their homes not benefitted; third, they are physicians' wives, and the history of their suffering and relief comes home to us with more than ordinary emphasis; and I have been urged by their husbands (both prominent men in our profession) to report these cases and to use their names. This latter privilege I will not embrace, except by way of verbal information, should any of you wish to know them.

Mrs. Dr. S., aged twenty-four, gave the following history: Born and raised in Kentucky, surrounded by all the luxuries of southern life, she passed her girlhood without any serious illness. Her menstruation was often painful, but not serious enough to attract any special attention.

She married at nineteen, gave birth at twenty. She was in fair health and strength until two years ago, when she began complaining of her left side, much suffering during menstruation, insomnia, extreme nervousness, great tenderness in both ovarian regions, but worse on left side. This state of things increased until she was kindly taken to Louisville, Ky., and consulted a prominent professor in that city. She was assured that nothing was wrong with the uterine adnexa, but that there was slight endometritis. She returned to her home in S., in this state, and settled down to her fate—*i. e.*, to suffer the balance of her life.

She consulted me about two months ago, and upon examination I found quite a mass in the left side—adherent uterus, great tenderness on both sides, with a history of two attacks of pelvic peritonitis.

I diagnosed her trouble double salpingitis and ovaritis with adhesions everywhere, and without hesitation recommended an early operation and removal of left appendages and perhaps also the right. As soon as the doctor could arrange his affairs, he came with his wife to Topeka, and I removed these tumors which these oil paintings represent. I have attached a written description of the different parts of these masses, in order that a better understanding may be had regarding the gravity of the case and the morbid condition of the uterine appendages.

Mrs. S. convalesced in twenty-four hours, was up and as well as ever in her life in two weeks, and returned home—over 200 miles—in three weeks after the operation. The signs of suffering, so plainly marked in her face, have entirely disappeared, and she is now a rosy-cheeked, bright-faced young woman. The gratitude of the doctor and his estimable wife is unbounded.

Mrs. Dr. M., aged thirty-nine, gave the following history: As a girl she was surrounded by all the comforts of life, and yet she had always been a sufferer at her menstrual periods. Married at the age of twenty-six. She has not borne children. For a number of years she has been constantly a semi-invalid.

Her suffering was confined principally to her back and sides. So nervous was she that the least excitement would make her quite ill. She had much trouble from irritation of her bowels, particularly the rectum. When unusually nervous, there would be a constant tenesmus, which often amounted to frequent mucus discharges that annoyed her extremely. This condition led her to conclude her trouble to be entirely rectal.

The doctor at last became desperate regarding his wife's condition, and took her to Pittsburg, Pa., to consult an eminent physician of that city. He examined her and pronounced the trouble entirely rectal, and treated her by dilating the rectum. This put her in bed for some time, and yet it seemed to help her subsequently. At least she was for a time somewhat improved. She was assured by the Pittsburg physician that there was no signs of diseased appendages. Since her return home she has been treated for rectal trouble by a second dilatation, which again caused her to be quite ill for some time.

Mrs. M.'s condition gradually became more desperate, until she had given up all hope of recovery. I was called to see her about November 15 of last year, and after reviewing her history, as given by herself and the doctor, I made an examination first of the rectum, then the uterus and appendages through the vagina, and also a second time by the rectum.

I found a prolapsed and adherent right ovary. The tenderness of these organs made the examination quite painful. I had no trouble to convince them that the rectum was not at that time diseased, and so far as I could judge, never had been. The rectal irritation was due entirely to the prolapsed and adherent ovary which had drawn the uterus down in a retroflexed position and was holding it there. This position of these

organs caused a constant dragging on the rectum, and naturally constant suffering. I recommended the removal of the left side without delay, and advised them that in all probability both sides were entirely destroyed by adhesions. The operation was done four weeks ago to-day, and the patient went home, or left the hospital in less than four weeks.

I present you the paintings from the tumors removed. The explanations on the cards will enable you to understand the relations of the organs.

These paintings are smaller than the tumors, but represent them as well as it is possible to do so with paint.

The operation was one of the most difficult I have ever had. The left tube and ovary were, as you see, greatly enlarged and universally adherent to each other. They were adherent to the intestine so that it was very difficult to separate them. It required all my strength to remove them.

The right side was quite as firmly adherent as the left, and the pathological condition about the same. The fimbriated extremities of both tubes, you will see, were occluded by large sacs of cystic fluid. The operation confirmed my diagnosis. The condition found, was, in short, prolapsed adherent and enlarged ovaries, double hydrosalpinx, with large cysts in the fimbriated extremities of the tubes, entirely shutting off communication between ovaries and uterus, retroflexed and adherent uterus, and intestinal complications.

Mrs. M. has had no trouble with her bowels since the operation. She made an uneventful recovery, with the exception of a severe attack of la grippe. She was up and around the house in three weeks from the time of operation. She is as happy as any one can be, unless it is her husband. In the place of care-worn features she looks as bright and fresh as a girl.

This, gentlemen, is not an over-drawn picture or statement, and I will be pleased to furnish you the names and addresses of these physicians that you may get their account either now or at any future time you may desire.

In view of the history of these two cases, is it any wonder that I should choose this theme for your consideration?

I could refer you to a number of cases of this character which have come to my knowledge recently, but these are quite sufficient to illustrate my point.

Mr. President: The country is full of women who are suffering from these conditions, as only women can suffer.

Let us, therefore, be more thorough in our diagnosis and treatment.

Typhoid Fever.

Read before the Northeastern Kansas Medical and Protective Association, September 15, 1891,

By P. R. MOORE, M.D., Effingham, Kas.

While from the nature of its supposed causes typhoid fever has undoubtedly occurred in all ages, its authentic history is of quite recent date.

During the seventeenth century investigators evidently became familiar with two kinds of fever, which from their descriptions could have been nothing else but typhus and typhoid; but the whole credit is due the observers of the nineteenth century for isolating them and demonstrating to a certainty that they are separate and distinct diseases.

In reviewing the literature pertaining to the origin of typhoid fever, we find the medical world divided in its views, and for generations past a discussion has been going on respecting the intrinsic cause of this disease, which is by no means closed to-day.

In 1624, Spigeliess gave an account of autopsies which he held on patients who had died of this disease, in which he says the small intestine was inflamed, and that part of it next to the cæcum and colon was frequently sphacelated. A few years later Panarolus makes the statement that the intestines had the appearance of being cauterized.

To Louis, of France, belongs the credit of being the first to establish the nature of the local lesion. Graves, Stokes and Jenner were among the prominent English writers

who described the involvement of the intestinal and mesenteric glands. In our own country Smith, Hale, Gearhard, Bartlett and others have added largely to the literature of the subject, while to Geo. B. Wood belongs the honor of classifying this disease and securing for it a definite place in the nosology of diseases.

All of these descriptions, however, are incomplete, inasmuch as they fail to indicate the origin of the trouble, nor does post mortem investigation throw any light upon the subject by revealing the morbific principle of the disorder.

There is an abnormal element in the beginning and throughout the course of typhoid fever which we should seek to discover, at the same time avoiding the too common error of confounding the effects or consequences of a train of pathological changes in the physical organization with the developments which produce them.

Prof. Waugh, in a paper on typhoid fever, says: "We have to deal with a specific morbific principle, a living entity, a micro-organism entering the body occasionally through the air-passes, but almost always passing into the alimentary canal with the food or drink; here it multiplies, and during its life produces certain phenomena that are manifest to us as typhoid fever." Others, high in scientific research, hold the same views, but they have not as yet demonstrated that all cases of typhoid fever are of bacterial origin.

If I have not drawn wrong deductions from my own observations made during eighteen years of practical experience, I have seen too many sporadic cases of spontaneous origin to accept the theory that the specific morbific principle is a living entity, a micro-organism which alone can produce typhoid fever, and without which the disease cannot develop.

That there is a morbific principle, if you please, a living entity, a micro-organism that under favorable conditions may be the cause of, or that results from, the disease, I freely admit, but this statement limits the facts as developed by the advocates of the germ theory.

While it is probably true that many epidemics have been traced to a contaminated water supply, to sewer gas, to fæcal material and septic surroundings of various kinds, we are all cognizant of the fact that cases do arise and run their typical course which we cannot attribute to any such source of infection; indeed, it is a notable fact that a large percentage of the typhoid fever cases we meet in our country homes are in those families who are most strict in regard to their sanitary surroundings and most cleanly and temperate in their habits; nor is the disease unknown in the highest, dryest and purest regions of our mountain country.

On the other hand there are but a few, if any of us who have not in our respective fields of labor families who ignore all established rules of hygiene, whose well-curb adjoins a reservoir of filthy stagnant water especially designed and peculiarly adapted to the ablution of the pigs, the dogs and the web-footed representatives of the feathery tribe, and whose back-door yards are the depositories which receive the surplus milk, the swill, the debris and garbage from a numerous family, including their rectal and vesical excreta, and whose indoor sanitary conditions are equally as bad. Just such surroundings and condition of things as we have been taught to look upon as certain to produce typhoid fever, but from some unaccountable reason, unless it be to baffle human skill, the disease fails to materialize.

Such cases are too numerous to be classed as the exceptions which prove the rule:

"Hygienists are engaged in a godly warfare, and should continue the good work until the last vestage of septic material is eliminated from the surroundings of our habitations in the country as well as in the towns and cities, so as to secure all the benefits that may result from cleanliness for the whole human race."

My views on this subject are in accord with those of Dr. Gaston, of Georgia, when he says: "Allow me to declare in all sincerity my conviction that no man, woman or child is rendered less susceptible to typhoid fever by daily ablutions or by purifying the precincts of the dwelling. In other words, the

disease is not due to filth, and is not prevented by the most elaborate antiseptic proceedings on the premises of the family."

Where, then, you ask shall we look for a causative influence capable of producing this train of pathological symptoms. I freely admit that I do not know.

It is the prevailing doctrine that the abnormal condition manifested by an elevation of temperature and recognized as fever is of neurotic origin, and by reviewing the different authors upon this subject we find that almost without exception they look upon the disturbances of heat-regulation as the initial step in the pathological process. If we continue our investigations along this line we find that the first appreciable deviation from the normal health standard in a typical case of typhoid fever is a depression of the nervous system, as shown by a sense of weariness and inaptitude for mental and physical exertion; and this neurotic element is one of the most prominent characteristic symptoms through the whole course of the disease.

In his address presented to the International Medical Congress at Washington, Flint says: "The nervous system is capable of modifying the local circulations and of producing local changes in temperature.

"Some physiologists have endeavored to locate a heat center as well as a vaso-motor center, and some varieties of fever are regarded as due to morbid action of nerve centers either direct or reflex.

"Symptoms referable to the nervous system are nearly always more or less prominent in essential fevers of a grave character, but the disturbances of the nervous system are secondary.

"While the special morbific cause of typhoid fever is of course the cause of the delirium, coma vigil, hebetude, etc., observed in grave cases, it is rational to suppose that it acts as a secondary cause of these phenomena by virtue of changes induced directly by the prolonged elevation of body temperature; and the same may be said of the pulse, which is high usually in proportion to the intensity of the pyrexia. Certain it is that a mere reduction of temperature, by means which cannot be presumed to affect the special cause of the disease, is nearly always attended with an amelioration of the nervous system and a reduction in the rate of the pulse.

"The parenchymatous degenerations and the alterations in the structure of muscle and of the secreting cells of glands are unquestionably due to modifications in nutrition produced by the action of micro-organisms, and it is well known that in typhoid fever and pneumonic fever these micro-organisms are deposited in special parts, as the intestinal glands and the lungs."

I have not observed any case in which there was not during its earliest development an atonic state of the nervous system with dullness of the mental faculties and lethargy of the physical powers, which as it increases is soon complicated with an irritation of the vascular system and increase of temperature. I am convinced from observation that this increase of temperature or the intensity of the pyrexia is in direct proportion to the disturbance of the nerve centers, and that these nervous manifestations are primary, and not, as stated by Flint, secondary.

As the disease advances we have intestinal irritation, tympanitis, with tenderness over the ileo cæcal region, and impaired nutrition, and in grave cases, delerium, coma vigil, hebetude, etc., in proportion to the impairment of the nerve centers.

The treatment of typhoid fever has been as diverse as the theories regarding its etiological factor. Those who advocate the bacterial origin of the disease are loud in advocating the antiseptic treatment. I have tried this plan, giving those remedies which have the highest recommendation for their antiseptic and germicidal powers, at the sametime using rectal injections of the same character, with nothing more than negative results so far as a favorable impression on the disease is concerned. All that can be expected of them is that they may correct the vitiated contents of the intestinal tract. They have no effect on the special cause of the trouble, nor can sepsis from decomposition in the intestinal canal be prevented by their use.

My experience with the cold-water treatment has been limited, aside from the difficulties attendant upon the procuring and administering the cold bath, which alone would make it impracticable in a country practice. I have feared that the good received would be more than counterbalanced by the evils which might result from the worry and excitement to the patient. I have, therefore, confined myself in the use of cold water externally to cold sponging of the whole surface, which I have often used to good effect, as it stimulates the nervous system, which results in a reduction of fever and improved circulation, nutrition, etc.

From observation I am convinced that typhoid fever is a self-limited disease, and that with our present knowledge of its etiology and therapeutics it cannot be jugulated, but by judicious treatment we may do much toward modifying its course and bringing it to a favorable termination.

In the management of this disease, quinine in large or antipyretic doses not only does no good, but by its depressing effects on the nervous system is capable of doing much harm.

Antipyretics of a depressing nature should find no place in the therapeutics of typhoid fever.

The administration of purgatives and diaphoretics, with a view to cutting short or aborting the disease, is more likely to do harm than good by converting what would otherwise have been a mild case into one of grave character.

In formulating a routine plan for the management of typhoid fever, I would say: Place the patient in as nearly a complete state of rest and quietude as possible, securing for him a room as large and airy as can be had. Don't lose sight of the fact that an abundance of fresh air is more to be desired than much chemical disinfectants. Give frequent tepid, cool or cold sponge baths as the exigencies of the case may demand, and, in short, use all those little attentions embraced under the head of good nursing; by so doing you have placed the patient in the best possible condition under the surrounding circumstances to receive all the benefits to be derived from a nutritious diet which should be in liquid form and as highly concentrated as possible; at the same time the variety should be such as will contain all the necessary principles for sustaining the system against the wasting effects of the disease. The allowance of nutriment should not be too often repeated nor given in such quantities that it will not be digested and assimilated.

In the medicinal treatment of this disease we should discard from the armamentarium all of that class of remedies calculated to produce a depressing effect upon the nervous system, and endeavor to support the lagging powers and restore the wasting effects of the disease by the use of such preparations of a tonic and stimulating nature as may make a salutary impression on the nerve centers.

Complications are likely to arise during the progress of this disease which must each be treated on its own merits, and the success of the physician in the management of typhoid fever depends largely upon the readiness with which he detects these deviations and the promptness with which he meets them.

DR. FYKE, in the *Courier of Medicine*, claims the following to be an excellent prescription in all wasting diseases:

℞

Hydrarg. bichlor.	grs i
Liq. arsen. chlor.	℥ii
Tr. ferri. chlor.	
Acidi hydrochl. dil.	a a ℥ss
Syr. limonis	℥ii
Aquæ dest.	q. s. ad ℥vi

M.: To adults a teaspoonful every four hours.

SIR MORRELL MACKENZIE says the riddle of la grippe is poisoned nerves, and divides it into three general types, viz.: catarrhal, digestive and nervous—the cause being a germ, air borne.

BE prepared to attend the State Medical Society.

SOCIETY PROCEEDINGS.

Eastern Kansas Medical Society.

The society convened in Holton's Opera House, January 12, 1892, at 4 P.M. In the absence of the president, Dr. L. L. Terwilliger, of Lansing, Dr. L. H. Munn, of Topeka, vice president, presided. Minutes of last meeting being so voluminous and so recently published in the KANSAS MEDICAL JOURNAL were received and adopted without reading.

Physicians present: Drs. W. L. Schenck, J. C. McClintock, G. O. Morgridge, S. E. Sheldon, L. H. Munn, M. B. Ward, M. O'Brien, secretary State Board of Health, W. S. Lindsay, W. H. Righter, W. E. McVey, D. B. Colcord, W. H. Warner, J. W. Donaldson, A. C. Sloan, D.D.S., C. H. Gilman and R. S. Magee, all of Topeka; Dr. O. D. Walker, of Lawrence; Dr. L. R. Paddock, of Netawaka; Drs. J. W. Pettijohn and C. E. Fulton, of Hoyt; Dr. Robson, of Mayetta; Dr. L. Reynolds, of Horton; Drs. J. A. Rafter, Adamson, Spencer, Scott and McCandless, of the city.

New members: Dr. J. E. Love, of Whiting, Kas., Rush Medical College, 1882; Dr. J. W. Pettijohn, of Hoyt, Kas., Georgetown Medical College, 1863; Dr. D. B. Colcord, of Topeka, Belvue Hospital Medical College, 1875; Dr. C. E. Fulton, University of Iowa, medical department, 1888.

Acting board of censors: Drs. G. O. Morgridge, W. L. Schenck and S. E. Sheldon.

Reported favorably, and secretary instructed to elect by casting ballot of vote for the society.

The first paper of the afternoon session was read by Dr. D. B. Colcord, of Topeka. Subject: "The Aid of the Microscope in diagnosing Kidney and Bladder Troubles." The doctor illustrated his paper by drawings from the microscopical slide. The shape, size and peculiarity in structure of the cell as they appear in the field, and knowing the locality to which they belong when seen in the secretions, we can readily determine the part of the urinary tract involved pathologically.

Dr. Morgridge said, in discussion of the paper, that the difficulty in examining the products of the urinary tracts was complicated by the accumulation of disintegrated products which occur along the tract. Another hindrance is the structure of the vaginal walls. Several varieties of epithelium line these walls. We must also determine whether these cells found in the secretions are the natural exfoliation or pathological. The ciliated cell is typical, as it is not found in all portions of the tract. The microscope is an invaluable aid when we can locate the trouble by a peculiar cell. It is a confirmatory examination.

Dr. Sheldon.—"In securing a specimen of urine for making a microscopical examination great care should be taken that it be not contaminated by an unclean receptacle. The urine should be drawn by catheter if only bladder or kidney troubles suspected, and the catheter should first be most scrupulously cleansed. An unclean dish or catheter might easily be the means of making a mistaken diagnosis. I emphasize the fact the greatest care is essential in selecting specimens of the excreta for examination.

Dr. Colcord, in closing, said that he did not wish to be understood as claiming too much for the paper. He considered that the microscope, together with the line of symptoms manifest, was a most valuable aid. Thinks the catheter should only be used when trouble is above neck of bladder in obtaining the specimen.

Dr. Paddock gave a verbal report of the etiology and treatment of pneumonia. The doctor thought there were but two forms, viz.: catarrhal or croupous and lobar. Thought it due in all probability to a specific germ. Principal points in treatment was: First, control pyrexia; second, guard against heart failure; third, prevent as much as possible too great prostration; fourth, relief of pain; fifth, dyspnœa. The doctor favored the antipyretic doses of quinia sulphatis. The coal tar products were advocated. Did not believe much in the wet pack. The doctor

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had to go away early, and hence the paper was not discussed.

A case of spinal affection was brought into the society for examination. A committee consisting of Drs. Lindsay, McClintock and Righter were appointed to examine the case and report.

The case was that of a little girl about six years of age. She received a fall at the age of six months, above the sacrum, with paralysis following shortly afterwards. Examination revealed no marks over region where the fall was received. Paralysis now of left arm, and left leg powerless to sustain the body's weight. Diagnosis, antero-poliomyelitis; prognosis, favorable. The committee, after making the above report, asked the society that more time might be granted to them before outlining a course of treatment. The child has been in the hands of almost every school of medicine, and almost every method of medication, quack nostrum and otherwise, has been tried without much apparent benefit.

The report of the committee as to the diagnosis and prognosis was unanimously adopted by the society; but as to course of treatment to be pursued, a varied discussion ensued, participated in by Drs. O'Brien, Sheldon, Donaldson, Righter, Colcord, McClintock, Rafter, Ward and Morgridge.

The general opinion, in short, was that massage, galvanism, tonics, hypophosphites, strychnia and iron and good nutritious diet was the treatment that should be carried out. This form of spinal affection usually terminates favorably after a length of time. No one thought the injury received had anything to do with the paralysis that came on afterwards.

Adjourned until 7 P. M. for supper.

Evening session held in parlors of City Hotel.

"Treatment of Cleft Palate from a Dental Standpoint" was the title of a paper read by A. C. Sloan, D.D.S., of Topeka. The paper will appear in the KANSAS MEDICAL JOURNAL.

Dr. W. E. McVey, of Topeka, presented to the society a case of cleft palate with hare lip, on which he expects to operate in a few days. In speaking of the case the doctor said he intended to use the operative method of closing the cleft. Thought the cleft too great to depend on a plate. He favored the plate or obturator in suitable cases. The patient should be operated on early — at age of two years, just when it begins to talk. If the patient is healthy and well nourished, would close hare lip and palate at one operation.

Paper and case were fully discussed by Drs. Colcord and McClintock, who favored the use of the plate when practicable. The operative procedure is difficult and attended with some danger, yet it should be done early and not allow such a defect to remain and seriously mar the patient's future. The plate, as advocated by Dr. Sloan, is practical and one worthy of examination.

Dr. G. O. Morgridge, of Topeka, then read a paper on "Inflammation." The earliest-known history possible of it was given, reviewing it to the present day, giving the views of the ablest authorities of the ages to the present day on the subject. The essay was prepared with great care and thought, and deserves an especial reading hereafter.

Dr. Sheldon, in opening the discussion, said: "I do not think it will be many years until the word inflammation will not be found in the text-books. It is a misnomer. Literally it means heat. There are other conditions which enter into the state besides heat, viz.: swelling, pain and redness. The definition which I teach to my class is this, and it is short and compact. Inflammation is a condition of hyperæmia with rapid tissue metamorphosis. I have taught that inflammation and repair were synonymous terms. Take an incised wound for an illustration: First, a condition of hyperæmia due to an increased flow of blood to the part; as a result of this increased flow of blood there is poured out an exudate of plasma. In this exudate of plasma brings about a condition of swelling, and the pressure of the plasma upon the terminal nerve filaments produces pain. In a reparative process which takes place in an incised wound, I can see no difference from that outlined above. Can't separate the changes in one to that in the other.

No matter what the nature of the wound or the tissue they all heal by cell proliferation. Each tissue has the power of reproducing itself and can produce no other; nerve cells producing new nerve tissue; bone cells, new bone tissue. An inflammatory process terminates in one or two ways, either by resolution or suppuration. Resolution is the absorption of the waste products above a wound and repairing the loss.

Senn, in his principles of surgery, says that all wounds that heal without pus heal without inflammation. But recently, in a pamphlet entitled "Surgical Bacteriology," he says that inflammation is a process of repair.

If you keep a wound perfectly aseptic there will be no pus. In order to have a suppurating wound it must be infected by pathogenic bacteria.

Dr. Morgridge, in closing, said that the heat that existed in an inflammatory process was due first to the increased amount of blood products — mechanical; second, metabolic changes — change of food to tissue; third, heat center. No one can possibly question the existence of such a center. Heat is not a detriment to a reparative process. The functional activity of a cell is always increased by elevation of temperature, retarded by cold. Hence inflammation favors cell proliferation.

The germ is a second injury to a wound; ptomaines a third; too great elevation of temperature a fourth; chemical changes due to putrefaction may be a fifth, and so on.

Nature will maintain a perfect equilibrium if left alone. Pain not indicative of an inflammation. The tissue in which the injury has existed is never histologically perfect afterwards — cicatrices, etc., remain; if in an organ, impairment of function is a result.

The society was then favored by a paper on the "Review of Gynecology" during the past year by Dr. M. B. Ward, of Topeka, bringing down the subject with its latest technique and advancement to 1892. The paper will receive a subsequent notice in the columns of the JOURNAL. Suffice it to say that the statistics of Dr. Ward's work reported were remarkable — the success attained excellent.

He was complimented by Drs. McClintock, Sheldon, Righter, Morgridge and Schenck, who witnessed many of the operations in the cases reported by the doctor, verifying his statements in every particular as to the results.

The successful operator of to-day in abdominal surgery must be exceedingly accurate in his diagnosis, carrying out and maintaining absolutely aseptic precautions and the greatest pains and care taken even to the minutest detail.

The last subject of the evening was the Keeley cure. Discussed *pro* and *con* by Drs. Lindsay, Donaldson and Schenck.

Dr. J. W. Donaldson recently paid the Dwight institute a visit; his graphic description of the place lent considerable enthusiasm to the meeting.

Every one was sorry when the president called the meeting to a close on account of the early departure of trains.

The thanks of the society are due Drs. Scott and McCandless for their kindly assistance and hospitality.

The society adjourned to meet in Topeka the second Tuesday of April, 1892.

R. S. MAGEE, M.D.,
Secretary.

Golden Belt Medical Society.

Minutes of the meeting of the Golden Belt Medical Society, held in Salina, Kansas, January 7, 1892.

The society opened at 8:30 P. M.; Dr. W. B. DeWees in the chair.

There were present Drs. Harvey, Daugherty, Felty, Hodge, Ward, DeWees, Brown, Magee, McVey and Winterbotham.

Dr. Ross, who was to have read a paper, was unable to be present.

Dr. Gunn, who was on the program for a paper on "Etiology and Treatment of Scarlatina," was prevented from being present by an accident to himself.

Dr. Ward read a paper on "A Protest Against Carelessness in Diagnosing and Treating of Female Disease." Paper was

received by the society and referred to committee on publication.

DISCUSSION.

Dr. Daugherty.—"I have thought for years the wisdom was not all in the east. These cases have demonstrated it. Both of those cases were examined by prominent eastern professors, and both made mistakes in the diagnosis. I am glad to know we have a man in Kansas who has outstripped those men in the east."

Dr. Felty.—"There is a question in my mind which was once settled, but is now unsettled. Can a woman with double pus tubes become pregnant? It was considered that this could not be. This has been disproven by an operation upon a case where pregnancy existed. Would like to ask Dr. Ward to give a more full description of the pathological condition."

Dr. Ward.—"I do not claim that all of these women could not become pregnant, except in the cases where there is complete occlusion. But I claim the country is full of women who are suffering from the condition. There is danger of extra uterine pregnancies in these cases. It is possible for these cases with double pyosalpynx to become pregnant, and I should be very certain before operating. I once felt that I could not say a woman was pregnant till I could feel motion. I say now I can positively tell every time if a woman is pregnant unless the belly is covered with four inches of fat."

Dr. Felty.—"This knowledge is not generally known, for only recently a prominent college professor cut down upon a pregnant uterus. I have not the knowledge, which the doctor claims, by which he can diagnose pregnancy from pathological conditions, which so accurately resemble that condition. With reference to operating on the abdomen, I don't think there is any doubt There are thousands of women suffering from neuralgias due to the initial lesion of tubal disease. I think many cases which are being treated for endometritis and allied diseases ought to be sent to a surgeon or gynecologist for operation. We are too fearful of opening the abdomen. I should favor, in cases of doubtful diagnosis and in prolonged cases, cutting down under antiseptic precautions."

Dr. Harvey.—"The doctor's paper points out that point which is of prime importance. What we are to do. It also shows the importance of accurate diagnosis."

Dr. Daugherty.—"In regard to the infallible test for pregnancy, I should like Dr. Ward to give us the advantage of it. One point I have noticed is the dark and congested condition of the neck of the womb."

Reported a case which came under Dr. Byford's care which he pronounced pregnant but was assured that could not be possible as she was a minister's daughter and unmarried. He proceeded to operate and found a pregnant uterus.

Dr. Ward.—"The trained operator with well-educated fingers can get all the outlines of the uterus. The uterus in pregnancy has a uniform spongy feel and is rounded in character. In fibroid you have an irregular shape and a hard feel. You must push your finger away up behind the uterus in the cul-de-sac of Douglas with the other hand placed deep down over the pubis. An endometritis is usually cervical. It looks badly, but is not a serious matter. If you treat these cases locally and introduce an instrument which is not antiseptically clean you will set up serious trouble. When there is pain, emaciation and general breaking down there is more serious trouble. Placing clean pledgets of cotton around the cervix will give your patient comfort; but dilating the uterus or curetting it will do more harm than good.

"Pus tubes are not necessarily fatal and perhaps not painful, but it is the adhesions which are formed."

Dr. DeWees.—"I have had no experience in operating for these cases. In regard to the signs of pregnancy, though I have tried have not always been able to make it out."

Reported a case where he had found a diagnosis difficult. In this case he found the soft patulous condition of the uterus.

Dr. Felty.—"I think in questions of pregnancy, if called before a jury, we are safest

in saying we don't know before the fourth month. It might be an injury to a girl and might bring on a libel suit. I think we should be a little more conservative."

Dr. Daugherty read a paper entitled "Shall we Operate in Damaged Tissues." Referred to publishing committee, and will be published in the JOURNAL in the March number.

DISCUSSION.

Dr. Harvey.—"Was glad to have heard the remarks on Piroyoffs operation. He thought the operation above the ankle much preferable."

Dr. Magee.—"Have not done much of this work. Since the days of the general use of water much has been done. When there are extensive lacerations, by hot water or hot compresses applied properly, much can be saved. In the aged it does much valuable service; in the young I am sure it is good. Heat is a germicide, and the water will wash out the infectious matter. Hot water will relieve pain, and acts as an anæsthetic to the part. Dr. Daugherty strikes the right key when he says save all we can. It will do no harm to wait twenty-four hours if necessary."

Dr. Ward.—"The results reported were good. I would not leave a dressing thirteen days without looking at it, though I am a stickler for letting a dressing alone. Your nose will usually tell you if anything is wrong. I should use hot water, but should not leave it on the wound. Should dress dry with some antiseptic."

Dr. Winterbotham.—"I think the doctor was right in leaving the dressing. The lymphatics will indicate if any infection has taken place. Have operated in cases through injured tissue, doing Chopart's operation, and the cases recovered and wear shoes."

Dr. Ward.—"It is not necessary to leave a dressing longer than six or eight days. I always take my stitches out the eighth day. Union has taken place then if it ever will."

Dr. Felty.—"I am satisfied there is among us a constant hankering to see how things are getting along about the fourth or fifth day. By all means leave the dressing long enough for the wound to heal by primary intention if it will."

Dr. Daugherty, in closing, said: "I usually take occasion to see the case every two or three days, and if it does not swell, and the red streaks along the lymphatics and pain are not present, I do not expose the wound to the air. As long as you keep it covered up from exposure to air, necrotic tissue, if present, will do no harm. But if it be exposed, trouble is likely to follow. The symptoms will indicate if any trouble arises, and I prefer to leave dressing thirteeen or fourteen days if there are no signs of trouble."

GENERAL DISCUSSINN ON EPIDEMIC INFLUENZA.

Dr. Felty.—"I believe it due to a specific germ, and attacks respiratory organs especially. It is a checking of secretions of kidneys and skin. We had a similar epidemic here in 1844, which was called Tyler grippe. Diagnosis is easily made. Symptoms: Backache, general malaise, boneache, with an ache from head to foot. Treatment: No particular treatment being decided upon by the profession, a general hap hazard plan exists. My treatment is based upon the fact that secretions are checked. I open them. I believe there is no drug more effective than acetanelid. In ordinary cases—

Quinine Sulph.....3 grs.
Digitalis.....2 grs.

Administer every two hours.

On second dose give six to eight grains acetanelid. This I repeat with every second dose. By this I have opened the secretions and an alcohol bath fits them for work."

Dr. Daugherty.—"From the history given of epidemic influenza, it prevails in all tropics and all climates. Climate, temperature or moisture has nothing to do with it. Our influenza, however, is dependent to a great extent upon changes of atmosphere and is mostly catarrhal fever. If it be dependent upon a specific microbe this is affected by atmosphere. Our epidemics spread from east to west, and affect those on board ships as well as those on land. The disease here, however, is more confined to localities. We have three forms—the bastard form,

the catarrhal and that affecting the head only. I have seen no cases with marked chill or high temperature, characteristic of epidemic influenza. As to treatment I treat it symptomatically. Antipyrine to relieve aching and open secretions. In some cases salol and quinine and phenacetine. If bowels are constipated, salines. I consider the coal tar preparations all valuable agents here."

Dr. Magee.—"There are points which tend to show a specific origin and some which go to disprove it. There seems to be no period of incubation which must be necessary if of microbic origin. The treatment is not directed to the destruction of microbes. The checking of secretions shows a catarrhal process. This also explains the chill and the fever from reaction."

Dr. Ward.—"I believe an ordinary catarrh and the cough of winter are microbic in origin. These appear endemic in character."

Dr. DeWees.—"In regard to the resultant troubles to contend with and their treatment. Nervous depression following is the worst to contend with. The complications are cerebral or cardiac or nephritic. Treatment: Quinine, acetanelid and citrate of caffein follow with arsenious acid, strychnia sulphate, atropia sulphate and iron sulphate."

The society adjourned to meet at next regular session in Topeka.

The visiting members were royally entertained by Dr. DeWees and his estimable wife, and the warm welcome extended to us was by no means the least of the good things.

The Tokeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in Lincoln Post hall, Tuesday, January 5, 1892.

There were present Drs. Schenck, Pelton, Ayers, McClintock, Magee, McLaughlin, Barnes, Morgridge, Lindsay, Sheldon, Colcord, Rodgers, Cannon, Longshore, W. E. McVey, Ward, Righter and visitors Battey, Frankenburger, C. S. McClintock and Gilman.

Dr. Sheldon reported a case of tetanus in an old lady which was supposed to be the result of an injury from a tooth extraction. The doctor gave the pathology of the disease as it is recognized to-day, and stated that the bacillus tetani was the specific microbe to which we might attribute the occurrence of tetanic spasm.

In the discussion following, Dr. Rodgers said: "I have not had much experience, but can tell something from having had it. I was some six or seven hours on my head and heels. Had little pain, but felt I was boring slate stone with my head, and when my head got through I was relieved. I was conscious of the people being around and that they were talking about it. I could not explain this attack as being of specific origin. Have always been led to think it was due to an injury to a nerve. In injuries from toy pistols it has been proven that the tetanus was due to a certain kind of blood poison."

Dr. Cannon.—"I have had one case. All the symptoms coming on the third day after being overheated."

Dr. Ward.—"I had one case; a little girl twelve years old. Died in what appeared to be great agony. Used all remedies then recommended without relief."

Dr. Morgridge.—"In the study of the pathology of tetanus we will find it due to various causes. In localities we will find it epidemic and again we find it due to injuries."

Reported a case from gun-shot injury of thigh. "At first there was nothing unusual. On the eighth day following, while dressing the wound, the patient complained of a peculiar feeling in the jaws. On the next morning there was marked tetanus. Lived only three or four days. Chloroform relieved temporarily. The wound, which appeared to be doing nicely up to this time, then seemed to be at a standstill. This was due to a specific infection. Another case, a man, overheated while loading corn, was afterward seized with tetanic spasm and died in a few days. There are cases in which there appears to be doubt as to a

specific microbic origin. There is a nervous condition which seems to produce a succession of discharges of nerve influence, keeping up a rigid contraction and of temporary origin, or due to a specific poison. The control of nerve impulse may be lost so that contractions follow rapidly with rigidity continuous. Upon the temporary or specific origin depends the seriousness of the attack."

Dr. McLaughlin.—"Last summer I saw a darkey who had scratched his foot with shears in getting out of bed. The wound had been dressed, and when I saw him it looked slightly red and he complained of cramps. Next day he was much worse with pain and cramps in leg and back. Poulticed the foot and later opened the would. Found pus, and he was relieved. Next day wound was open and there was some pus. Symptoms better, and later went to hospital."

Dr. Magee.—"The tetanic spasm can be produced mechanically in muscular tissue. To the frog's leg, with sciatic nerve in situ, electrical faradic current is applied and contraction is produced. If this can be produced by faradic current, why cannot a tetanic spasm be produced by other stimuli to other muscles?"

Dr. Pelton.—"The term as used would include tetanic spasm from various causes. Have had two cases—mild ones. One from puncture of plantar fascia and one of knee joint. In regard to etiology there are three theories: the toxic, the nervous and microbic. Dr. Senn advocates the microbic theory, and says both acute and chronic tetanus is produced by microbes. Not so much the microbe as the ptomaine. This is more like a toxic theory. I believe while tetanus may be produced by microbe it may also be caused by nervous irritation. Dr. Murray reports a case of gun-shot wound where the shot lodged in a nerve. The man apparently recovered, but six months afterward was seized with tetanic convulsions. We also have instances of tetanus due to nerve irritation. Another author thinks it is not fully determined satisfactorily as to the microbic origin. We know some toxic agents absorbed into blood will produce tetanic spasm. Strychnia, for instance. There are cases undoubtedly where we are justified in saying the tetanus is due to microbes, but there are also cases where it cannot be so shown. Where direct injuries to nerves are produced we have then an irritation from direct injury. In answer to Dr. Morgridge I say all tetanic spasms are due to nervous reflex. In all cases would say the central nervous centers are affected."

Dr. Schenck.—"I well remember my first case of tetanus in 1850, occurring from wound from a nail. The man stood on cold ground and exposed himself. I found him in severe tetanic convulsions, involving the chest and threatening to suffocate him. I saturated a cloth with chloroform and laid on his chest. He inhaled sufficient to quiet the spasm, and so long as under this influence he was relieved, but he finally died. In regard to etiology we usually find it occurring from a lacerated wound, and explosion of nervous force; it may be from microbes, toxic agents or more probably by ptomaines from destroying nerve tissue. If it be microbic, do you direct treatment to this cause. Do not use potassa bromide, chloroform, cocaine, etc., as germicides, but as sedatives to nervous system."

Dr. Colcord.—"I have had a case the past week. A child was taken with symptoms of scarlatina. Temperature, 104½°; bowels slightly constipated and vomiting for two days, and I gave nourishment per rectum. After third or fourth injection child complained of uneasy feeling and dropped over in a convulsion; this passed into a tetanic state—oposthotonous—which lasted for about an hour and finally relaxed. Used some ether and gave injection of hot water to wash out bowel, and free movement followed. This seemed to give relief. Think while there is undoubtedly tetanus of microbic origin, but is also that due to nervous irritation."

Dr. Righter.—"I have had two cases. Organic injury was the cause. A boy had run a snag in his foot, which remained. Would not permit it to be removed. Next day sent for me. Boy was having terrible convulsions. Died next day. Also saw the case of Dr. Detlor. The tetanus was caused in

this case by pieces of iron, cloth, etc., remaining in the wound. Cannot say that it is caused by direct irritation or by some poison. Think if wound is thoroughly cleansed tetanus would have been prevented."

Dr. Rodgers reported a case from injury: "Boy having been run over by water cart. No bad symptoms for about a week. Then complained of stiffness in jaws, and in few days developed well-marked tetanus. We cleaned out wound and dressed antiseptically, but boy died about six hours after. There was a good chance for infection in this case."

Dr. Lindsay.—"I had one case. A woman, vomiting, and I desired to use ergot. I used ergotine hypodermically. An abscess formed from which tetanus occurred. Gave chloral, potassa bromide, electricity and good nourishment, and patient did not die. In regard to pathology I think it has been set forth clearly that the peripheral irritation may or may not be of germicidal origin. May have same condition from both causes."

Dr. Sheldon.—"If it be a fact that it is not a germ disease, it seems we would have it every day. There is not an operation performed in which the nerves are not more injured than in those producing tetanus. There must be a specific cause the same as we must have a specific cause for hydrophobia. I think the three causes given by Dr. Pelton are like the triune, one in three. They are all nervous causes. We do sometimes have what is called idiopathic tetanus, but think close observation would reveal a wound. The cases reported here go to prove that the earth is the most common infecting agent. Pathologists do not, as a rule, find a nerve degeneration, except sometimes after the tetanus has lasted several days. Think the action of the ptomains may be compared to the effects of strychnia. The nerves themselves are not injured, but the nerve cells. In answer to Dr. Schenck would say if he had a patient under effects of strychnia he would not try to remove strychnia from the general system, but counteract its effects. We find cases of tetanus in children. I cannot say these have been infected, but pathologists claim to have found in these cases in the spinal cord bacilli tetani in large numbers. In regard to treatment, some one reports the use of carbolic acid hypodermically every hour with universal success."

Dr. Sheldon reported in regard to case of ascites: "On following day tapped patient, removing three and one-half gallons fluid. Dr. Powell made a microscopical examination of urine. The urine contained large amount of albumen and pus cells. Epithelium and hyaline casts not so abundant, but large number, and some other abnormal elements. After removing fluid, found considerable tenderness over left kidney; tenderness and hypertrophy of liver. Placed patient upon following treatment: Salol, five grains every six hours; acetate potash, twenty grains every eight hours. Under this urine increased in quantity from twelve to thirty-six ounces in twenty-four hours. But abdominal cavity filled up rapidly and operated again in two weeks. Put patient on milk diet and she seemed to improve, but she was taken out of my hands by her parents, who took her away to her home in Missouri."

Society adjourned to meet on the first Tuesday in February, at which time a paper is to be read by Dr. Righter upon the subject of pyæmia, and one by Dr. R. E. McVey upon la grippe.

W. E. McVEY, *Secretary*.

ŒDEMA of the eyelid, coming on from one to four days after a foreign body has entered the eyeball or is suspected to have, is strong evidence that it is there, and if the sight is destroyed, the eye should be removed.

AN alterative tonic:

℞

Hydrarg. chl. mit.....grs iii
Sacch. albæ.....℥iii

M. Ft. chart. No. xxx.

Sig.: One after meals.

A PERFECT constitution is an ideality.

—WRIGHT.

Kansas Medical Journal.

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TOPEKA, KANSAS, FEBRUARY, 1892.

Western Association of Obstetricians and Gynecologists.

This society was organized December 29, 1891, in the parlors of the Copeland hotel, Topeka, Kansas, in answer to a call sent out by Dr. M. B. Ward, of Topeka, some two months previous.

The following are the charter members: Drs. Wm. H. Buchtel, Thos. H. Hawkins and John Boize, of Denver, Colorado; Drs. P. S. Leisensing and J. E. Summers, jr., of Omaha, Nebraska; Drs. Lewis Schooler and T. J. Shrever, of Des Moines, Iowa; Drs. J. M. Richmond, Jacob Geiger, James W. Heddens and C. R. Woodson, of St. Joseph, Mo.; Drs. S. S. Todd, Geo. C. Mosher, J. D. Griffith, C. W. Adams, T. J. Beattie, J. H. Van Eman and B. T. Whitmore, of Kansas City, Mo.; Dr. W. R. Tipton, of Las Vegas, N. M. From Kansas: Dr. A. H. Cordier, of McPherson; Dr. Andrew Sabine, of Garden City; Dr. J. G. Stewart, of Hutchinson; Dr. M. N. Wachter, of Baileyville; Dr. L. J. Lyman, of Manhattan; Dr. Jeffry Martin, of Marion; Dr. W. F. Sawhill, of Concordia; Dr. H. Humfreyville, of Waterville; Dr. J. T. Axtell, of Newton; Dr. L. A. Buck, of Peabody; Dr. A. H. Fabrique, of Wichita; Dr. L. J. Warren, of Clay Center; Dr. Wm. B. DeWees, of Salina; Dr. H. H. Sutherland, of Liberal; Dr. J. A. Mitchell, of Arkansas City; Dr. J. W. McCracken, of Sterling; Dr. T. W. Scott, of Stafford; Dr. A. S. Cloud, of Kiowa; and Drs. M. R. Mitchell, J. C. McClintock, S. E. Sheldon, Ida C. Barnes and M. B. Ward, of Topeka.

Forty-two members in all. A constitution and by-laws were adopted.

The name is given in the heading, and "its object," as expressed in the constitution, art. 11, "shall be the promotion and diffusion of knowledge in whatever pertains to abdominal and pelvic surgery—obstetrics and gynecology."

"The active members shall consist of such members of the profession (regular) who reside in the western states and territories, who are practicing obstetrics and gynecology as specialists, or who are limiting their practice largely to these branches or are desirous of doing so."

The initiation fee is three dollars and the yearly dues two dollars.

The officers elected for 1891 and 1892 are:

President.—Dr. M. B. Ward, Topeka, Kas.

First vice president.—Dr. T. J. Shreves, Des Moines, Iowa.

Second vice president.—Dr. S. S. Todd, Kansas City, Mo.

Secretary.—Dr. T. J. Beattie, Kansas City, Mo.

Treasurer.—Dr. M. R. Mitchell, Topeka, Kas.

Executive board.—Dr. L. J. Lyman, Manhattan, Kas.; Dr. J. W. Heddens, St. Joseph, Mo.; Dr. C. W. Adams, Kansas City, Mo.; Dr. Thos. H. Hawkins, Denver, Col.; Dr. J. E. Summers, jr., Omaha, Neb.

The next place of meeting will be at Kansas City, Mo., December 29, 1892.

We attended this meeting and heard every charter member express himself *viva voce* or by letter and never attended a more harmonious and enthusiastic medical meeting.

We are personally acquainted with the majority of the members of this society and feel free to predict its success.

The necessity of such an organization has been apparent to us for some time, and it only required a little breeze to fan the embers into a blaze.

It is fortunate that membership is practically not restricted. The demand for gynecologists and obstetricians is greater than the supply, and ever will be, and any plan that will increase the knowledge and better prepare men for this field of work should be hailed with joy.

The International Executive Committee of the Pan-American Medical Congress.

CINCINNATI, OHIO, January 15, 1892.

The committee on organization of the Pan-American Medical Congress at its meeting at St. Louis last October elected the following international executive committee:

The Argentine Republic, Dr. Pedro Lagleyze, Beunos Ayres; Bolivia, Dr. Emelio Di Fomassi, La Paz; Brazil, Dr. Charles Costa, Rio de Janeiro; British North America, Dr. Jas. F. W. Ross, Toronto; British West Indies, Dr. James A. DeWolf, Port of Spain; Chili, Dr. Moises Amaral, Santiago; United States of Columbia, Dr. P. M. Ibanez, Bogota; Costa Rica, Dr. Daniel Nunez, San Jose; Ecuador, Dr. Ricardo Cucalon, Guayquil; Guatamala, Dr. Jose Monteris, Guatamala Nuevr; Hayti, Dr. D. Lamothe, Port au Prince; Spanish Honduras, Dr. Geo. Bernhardt, Feguaqal; Mexico, Dr. Fomas Noriega, city of Mexico; Nicaragua, Dr. J. I. Urtecho, Grenada; Peru, Dr. J. Casamira Ulloa, Lima; Salvador, Dr. David J. Guzman, San Salvador; Spanish West Indies, Dr. Juan Santos Fernandez, Habana; United States, Dr. A. Vander Veer, Albany, N. Y.; Uruguay, Dr. Jacinto De Leon, Montevidea; Venezuela, Dr. Elias Roderiguez, Caracas.

Hiwaii, Paraguay, Santo Domingo, the Danish, Dutch and French West Indies are not yet organized. Nominations of local officers have been received from a majority of all the members of the international executive committee, and a number of the lists have been confirmed by the committee on organization. These will be announced as rapidly as acceptances are received.

CHARLES A. L. REED,
Secretary General.

The Pan-American Medical Congress in the United States of Columbia.

CINCINNATI, OHIO, January 17, 1892.

Pursuant to nominations by Dr. Pedro M. Ibanez, of Bogota, member of the international executive committee for the United States of Columbia. The following organization of the Pan-American Medical Congress has been effected in that country:

Vice president, Dr. Pio Rengifo, New York. Secretaries of sections—General medicine, Dr. Ignacio Guterrez Ponce, Paris; general surgery, Dr. Rafael Rocha Cassilla, Bogota; military medicine and surgery, Dr. Abraham Aparicio, Bogota; obstetrics, Dr. Joaquin Maldado, Bogota; gynecology and abdominal surgery, Dr. Jose M. Buendia, Bogota; therapeutics, Dr. Manuel Plata Azuero, Guaduas; anatomy, Dr. Joan D. Herrara, Bogota; physiology, Dr. Antonia Bargas Vega, Bogota; pathology, Dr. Nicolas Osorio, Bogota; diseases of children, Dr. Ant. Yomez Calva, Bogota; ophthalmology, Dr. Proto Gomez, Bogota; laryncology and rhynology, Dr. Luis Fonnegra, Bogota; otology, Dr. Carlos Esguerra, Bogota; dermatology, Dr. Daniel E. Coronado, Bogota; orthopædics, Dr. Juan E. Manrigue, Bogota; naval hygiene and quarantine, Dr. Gabriel I. Castaneda, Bogota; general hygiene and demography, ———; mental and nervous diseases, Dr. Pablo Garcia Medina, Bogota; oral and dental surgery, Dr. Guillermo Vargas Paredes, Bogota; medical pedagogics, Dr. Jorge Vardas, Bogota; medical jurisprudence, Dr. Leoncio Barrets, Bogota.

Auxiliary committee (each member being the official representative of the Congress in his respective city.)—Drs. Nicolas Osorio, Andres Posada Arango, Jorge E. Delgado, Eugenio de la Hoz, Domingo Cagiao, Jose

Manuel Rodrigues, Paulo Emilio Villar, Felix M. Hernandez, Rafael Caloo, N. Ribon, Milceades Castro, Cayetano Lombana, Jose M. Martinez, Isaias Saavedra, Severo Forres, N. Villa, Evaristo Garcia, Miguel Caicedo, Emilio Villamezar.

The following medical societies have been elected as auxiliaries of the Congress, viz.: Academia Naceonal de Medicina, Academia de Medicina de Medellin, Sociedad de Medicina del Canca.

The following medical journals have been designated as official organs of the Congress, viz.: *Revista Medica*, Bogota; *Revista de Hygiene*, Bogota; *El Agricultor*, Bogota; *Boletin de Medicina del Cauca*, Cali; *Andles de la Academia de Medicina de Medellin*, Medellin.

The expressed wish of the profession of the United States of Columbia is for a date of meeting during the Columbian exposition.

CHARLES A. L. REED,
Secretary General.

Rat-Tail Sutures.

By E. OLIVER BELT, M.D., Washington, D. C.

About five years ago, while resident physician in the Presbyterian Eye and Ear Hospital of Baltimore, I saw Dr. Chisolm use fibers from the tail of an opossum for sutures in some of his eye work. I thought such fibers a good substitute for silk, and spoke to my brother, Dr. A. M. Belt, about it. Shortly afterward a rat was caught at his residence; he had the tail skinned and soaked for several days in water, after which, upon slight manipulation, it separated into perhaps a hundred fibers, each about eight inches in length. These were placed in alcohol and presented to me, upon request, for use in eye surgery. I found the fibers strong and much finer than those from the opossum tail or any other animal suture, and have been using them quite extensively in suturing the conjunctiva in pterygium operations and in advancing the recti muscles in correcting strabismus.

These sutures have been most satisfactory. As soon as moist they become agreeably soft to the eye, and have never to be removed, while silk sutures are rough and irritating as long as they remain in the eye, and their removal is somewhat painful. Patients from a distance are often detained five or six days to have the silk stitches removed, when rat-tail sutures might be used and the patient allowed to depart immediately. These sutures will no doubt be found useful to the general surgeon and gynecologist when they need strong and fine animal sutures. About once a month, for two or three days, I soak the fibers in a corrosive sublimate solution (1-5000), and as I have never had any trouble whatever from their use I think it probable that this suffices to render them aseptic.

THE Eastern District Medical Society held in Holton last month was a grand success. Drs. Munn and Magee succeeded, the latter as secretary, in getting interesting living subjects to discuss, and the former in handling his forces as president so every fellow could talk, keep in a good humor and at the same time cut him off before he bored anybody, and had information to spare. We helped to unwind several of the Topeka members next morning.

Keelyism.

A cure for drunkenness is the question of the age. That it is on the increase we are not prepared to say. It is true that a greater amount of alcoholic liquors have been consumed each decade during the last half century, but it is probably due to increase in population.

Retreats and asylums have been established for these unfortunates; immense sums of money have been expended for their relief and all manner of therapeutic agents have been tried, and plans devised for their cure, but the question as yet has not been solved.

If we had it in our power we would banish alcohol from the earth, for it kills more than it cures. A stock raiser, who lost most of his herd by something they ate or drank, or

by the medicine he gave them, would banish its use if possible. It is, we think, a plain business proposition with the credit column almost wholly against alcohol. It is probably fortunate that man has not the power to wipe alcohol out of existence.

The creator has withheld such power for a purpose, and I am willing to acknowledge the justice and wisdom of the creative intelligence. We must accept the situation and meet the emergency of the case as it arises. It appears to arise frequently and is hard to down. All over the civilized world its victims are found, and as yet nothing appears to stay its ravages. At present the attention of physicians and the laity of the United States at least is called to Dr. Keeley, of Dwight, Illinois, because of his proposed plan for the cure of drunkards. A reliable physician — friend of ours — visited Dr. Keeley at Dwight (not for treatment), and gives in short the following version: He found several hundred patients there for treatment, of all classes and professions — lawyers, doctors and non-professionals—some medical men of prominence. They form in line, and as they pass in front of the doctor or his employe, through a slit in the clothing on the arm, or the bare arm, they receive a shot — hypodermic injection of the drug. This is given four times a day at regular intervals of about four hours. A dose of medicine is taken every two hours when awake, consisting of fluid extract of coca, hydrastis chincona and the bromide of ammonia. Compliance with the requirements are compulsory, and any case of absence is looked into immediately, and unless some good excuse such as accident or sickness can be given and if the offense is repeated they are sent away. The doctor has complete control of the town — hotels, stores, everything — and the sale of opium in any form — whisky and cigarettes — is strictly prohibited. If the doctor thinks the patient needs a stimulant for the first few days he gives it to him, but from the fourth to the eighth day they tell him they do not care for any more.

The fee for treatment for three weeks is $75, and the board bills are collected in advance.

He gets their money in advance and is no respector of persons, and they are virtually compelled to obey.

At the expiration of twenty-one days, or soon thereafter, the course of treatment is ended, or, as the doctor says, he graduates them, giving them a lecture. He tells them he has now placed them in the condition they were in before they became drunkards — as God made them.

HOW THEY ARE AFFECTED.

Within fifteen to twenty minutes the pupils dilate, and dryness of the throat and fauces with hoarseness comes on within a day or two. In a few days the emunctories act freely. There is some lassitude and languor. The appetite increases. They sleep well. They cannot read for there is mydriasis throughout the treatment, and they sit around content, unconcerned about their business at home, seemingly awaiting the next shot.

From the sixth to the eighth day the appetite for stimulants passes away, they begin to take on flesh, and at the end of the treatment the skin becomes smooth, white and clean. They are compelled to take three baths a week. The eye becomes clear, the red bloated appearance passes off and they feel and look like new men.

They are permitted to smoke cigars and tobacco in pipe, but not cigarettes. They are not permitted to play billiards, as it requires too much exercise.

Our doctor attempted to interest some of them in a game of cards, and those who would sit up all night before coming there and play and become excited over the game, in a short time began telling stories and became listless and quiet. They acted just like they came there to be cured, expected to be cured, and when they graduated firmly believed they were cured.

Treatment: Our friend believes nitrate of strychnia and hyoscine are the agents used.

Hyoscine is more of a sudorific and hypnotic than atropine, and probably is the mydriatic.

Our purpose in writing this editorial is two-fold: Frst, it may be information to

some of the brethren; and second, it is with the hope that those brethren may try the agents suggested when an opportunity offers. Opportunities are offering, and instead of advising your patient to go away from home for treatment, or let some friend advise him, go to work with the hint given and see what can be done. Get the patient under the influence of the medicine and keep him there for the length of time prescribed and note carefully the effects. Any cure by man is fallable. The man may become a drunkard again, but having been restored to his right mind, with the desire for alcohol largely cultivated, as a rule, broken up, the habits of the tissues changed, and having experienced the tortures of hell for a season, caused by alcohol, he is better enabled than at any time during his drunken career to withstand temptation.

The Pan-American Medical Congress.

This Congress will meet in Washington, D. C., in September, 1893.

Dr. William Pepper, of Philadelphia, is president; Dr. A. M. Owen, of Evansville, treasurer; and Dr. Charles A. Reed, of Cincinnati, secretary. Dr. J. E. Minney, of Topeka, is the state committeeman on the part of the American Medical Association for Kansas.

The following-named physicians are auxiliary committeemen for the societies mentioned:

Dr. F. F. Dickman, Bourbon County Medical Society, Ft. Scott; Dr. Levi Chase, Central Branch Medical Society, Irving; Dr. B. Z. Hissem, Central Kansas Medical Society, Ellsworth; Dr. M. B. Ward, Eastern Kansas Medical Society, Topeka; Dr. William B. DeWees, Golden Belt Medical Society, Salina; Dr. C. R. Carpenter, Leavenworth (City) Medical Society, Leavenworth; Dr. Charles Gardner, Lyon County Medical Society, Emporia; Dr. John F. Scott, North Kansas Medical Society, Holton; Dr. D. Reynolds, Northeastern Kansas Medical Society, Horton; Dr. W. F. Richardson, Pottawatomie County Medical Society, Havensville; Dr. W. F. Sawhill, Republican Valley Medical Society, Concordia; Dr. L. A. Buck, South Kansas Medical Society, Peabody; Dr. F. M. Daily, Sixth District Medical Society, Beloit; Dr. C. A. McGuire, Topeka Academy of Medicine and Surgery, Topeka; Dr. J. E. Oldham, Wichita Pathological Society, Wichita; Dr. A. C. Flack, Wilson County Medical Society, Fredonia; Dr. Geo. M. Gray, Wyandotte Medical Society, Kansas City.

The prospect for a very large attendance is encouraging. The place of meeting favors the attendance especially from abroad. There was a disposition on the part of some to select Chicago, our favorite city, and we were prejudiced in its favor because of its proximity to us; its being one of the wonders of the world in its phenomenal growth, and because of the exposition being held at the same time. We are pleased now that we were overruled in our choice, and we can see many reasons why we were in error, for in September, 1893, Chicago will be overcrowded. Other attractions will seriously interfere with scientific work, and Chicago will need all the appropriations she can get for the exposition, and the general government should make an appropriation for this medical congress, and no doubt it will if it meets in Washington. It being the capitol it will give to the meeting a more representative national influence, and the overshadowing of the Chicago exposition at that distance will not be felt.

Washington is fast gaining notoriety as one of the most beautiful cities in the world, and foreign delegates, as well as our own, will be anxious to see the city and visit the magnificent museum and grand library, and the various state departments and capitol, and the home of the founder of the American republic. During their trip, before or after the meeting, Chicago will be visited and it will give the delegates a far different impression of the United States. They will see our ideal American city from an asthetic point of view, and the giant city of the prairie, the practical business pivotal center of the universe, the metropolis in a few decades of America.

Albuminuria.

The presence of albumen in urine has been generally regarded as an indication of serious renal disease. With many physicians, if heat coagulates the urine in a test tube, or if the white cloud be seen in the nitric acid test, the patient is condemned, and the slightest trace of albumen has rejected many an applicant for the benefits of life insurance, and the patient and friends have been given the dread opinion that he is a victim of "Bright's disease." In looking over the history of renal disease we notice that the doctors have disagreed ever since albumen has been found in the urine. Concerning its diagnostic value: In the beginning of the present century, Well's made a number of autopsies on persons who had been known to have albumen in their urine. In some he found the kidneys harder, with thickening of the cortex, and alteration of structure from the deposit of coagulable lymph; in some he did not find special alteration in the structure of the kidneys. His conclusions were that the kidneys were not always diseased when albumen was found in the urine. He, with other observers, noted that there were cases of dropsy without renal disease, and that some dropsies were associated with renal disease. These they divided into two classes: First, dropsy from visceral disease; second, dropsy from renal disease. In 1827 Bright published his famous volume on "Disease of the Kidneys," in which he described quite clearly some forms of renal disease, and insisted on the co-existence of dropsy and albuminuria with disease of the kidneys.

There are others who, finding albumen in cases when the lesions described by Bright were absent, concluded that the presence of albumen was without value as a diagnostic sign. It is well known that in many diseases, differing in seat and nature from the lesions described by Bright, albumen is found in the urine. These facts, in the absence of exact knowledge, have caused skepticism, but the great majority of physicians have continued to regard it as a valuable diagnostic sign. Some observers still maintain that there is a physiological albuminuria, and give examples. I quote from a monograph by Dr. Pierre Jeanton, concerning albuminuria in health: He says "The presence of albumen in the urine of perfectly healthy individuals was discovered by Spittal in 1832." The subject seems to have been neglected for many years, and only lately has it been reconsidered — first in England and Germany, then in France. Vogel and Ultzman reported cases of albuminuria in healthy individuals, but it was Leube who first studied physiological albuminuria. He examined the urine of 119 healthy soldiers in active service at different times of the day — in the morning, in the afternoon and at night. He found albumen five times in the morning (four per cent.); nineteen times in the afternoon (nineteen per cent.); but never found albumen at night. The quantity of albumen was never considerable, never exceeding one per cent.

Within the last five or six years this question has received much attention, and the so-called physiological albuminuria has been found by a number of observers who have based their conclusions on the ground that there were no other evidences of ill health present in the individuals, except the presence of albumen in their urine. When it is considered that even soldiers in active service, performing all the duties pertaining to such service, may be suffering from the various forms of indigestion, it cannot be said of them that they were in good health. This is clearly and scientifically explained by Dr. W. H. Porter, of New York, in a recent paper on "The Practical Clinical Significance of Urinary Analysis." He says: "If this faulty metabolism within the system is prolonged for any length of time the nutrition throughout the body is decidedly disturbed, and in consequence the epithelial cells lining the uriniferous tubules become poorly nourished and gradually undergo retrograde metamorphosis, which finally reaches a stage of true degeneration. So a final result of this faulty nutritive state and the increased work imposed upon the epithelial cells of the kidneys in their attempt to eliminate these by-products of metabolism instead

of the normal products of tissue waste there comes a time when one of the antecedent substances in the form of derived albumen replaces in part the more complete compounds—uric acid and urea. In other words the metabolic processes of the body are not able to transform the peptones into a non-diffusible serum albumen and globulin, and finally into uric acid and urea; but the process is interrupted, and this antecedent proteid body is thrown out of the system by the changed epithelial cells of the kidneys, and thus explains the presence of the derived albumen found in the urine. This albuminous substance found in the urine is not serum albumen, but a by-product or antecedent to the higher type serum albumen. When found in the urine it represents the nitrogen, which, if the body oxidation had been complete, would have been eliminated as uric acid and urea."

The practical application of these studies will be of importance to humanity when physicians are able to interpret them aright. Every physician should be able and willing to make all the tests necessary, to discover the lower forms of albumen, and when they are found, to improve the nutritive processes until health is restored. By opposing the beginning of disease the more serious forms will be prevented.

DR. S. G. STEWART.

Typhoid Fever.

We choose for a subject "The Fever Typhoid,"
An insidious disease people try to avoid.
Its cause is a germ wise men seem to think,
Also mostly contagious through food and drink.

It attacks the whole body, the heart, lungs and brain;
The liver and kidneys are caught in its train.
It strikes in the bowels, the peyerian glands;
On the solitary ones its virus expands.

The spleen first enlarges and then it turns black;
The heart muscle grows flabby and its rythm won't track.
The lips become parched, sometimes crack and bleed;
The bowels are tender. He's delirious indeed!

Its victim grows tired, and weary and sad;
His sleep is disturbed, his appetite's bad.
He's a pain in his head and one in his back;
An eruption appears, his stomach's out of whack.

Six days does the fever a degree each gain,
Then one day and a week that high point attain.
At close of week second diarrhœa we fear;
Tympanitis and pain and bronchitis appear.

Now what are the dangers? Asthenia is one;
Heart failure's another; peritonitis begun
Brings him close to the stream of yore, named Styx;
Safe steering through these lands him clear of his fix.

We commend this treatment: first cleansing the skin
In baths twice a day; put alcohol in.
We clear out his bowels with hydrargyri mite;
With quinia and salicin put malaria to flight.

We control high fever with antifebrin;
If our patient's robust, use antipyrine.
We guard both with whisky for fear a collapse;
Might take away patient, thus pack up our traps.

Keep the bowels in check with bismuth subnit.;
With turpentine and opii tympanitis we fight.
If the stomach rebels and there's delirium
Use bromo potass. and oxalate cerium.

As the antiseptic for inside ablution
To him three times a day give Fowler's solution.
With nourishing food to prevent emaciation;
And this way we discharge a doctor's obligation.

DR. JOSEPH HAIGH,
Granada, Kansas.

LITTLE THINGS.

POLYPHARMACY is practiced too much.

THE physician should take a greater interest in politics.

THE largest room in the world—the room for improvement.

MATZOL is a combination of fermented milk and pure cod-liver oil.

ENCOURAGE mono-pharmacy by trying it yourself and reporting the result.

FOR constipation, ox gall. Dose: Look it up. Its nature is cathartic.

SOME of our best physicians say, in la grippe uncomplicated, do not give quinine.

THE Indian problem has now been solved. La grippe is killing large numbers of them.

ECCHYMOSES of the eyelids sometimes comes on in a few hours or days after injuries to the base of the skull.

INJURY to the musculo-spiral nerve, where its function is destroyed, causes wrist drop and failure of supination.

NOTE the pupil in chloroform anæsthesia. When the pupil dilates the cardiac respiratory centers are beginning to be inhibited.

DR. L. A. BUCK, of Peabody, and B. F. Morgan, M.D., of Riley, exchanged courtesies with the JOURNAL force last month.

BORIC acid and iodoform, equal parts, united with balsam, peru and vaseline is said to be good treatment for fissure of the anus.

IN low muttering delitium, with moist skin, one-sixtieth of a grain of atropine administered hypodermically will be beneficial.

READ the discussions as found in the various society reports in this number of the JOURNAL. They are interesting and instructive.

GUNPOWDER stains on the face may be removed by painting with biniodide of ammonium and distilled water equal parts; then with dilute hydrochloric acid, to reach the tissues more deeply affected.—*Revuede Therapeutique.*

WATER a local anæsthetic.—It is said if water is injected under the skin the swollen part is insensitive, and an incision can be made in the part without pain.

DURING the stage of shock in injury to the head, examine the eye. If the pupils are dilated unevenly or there is strabismus brought on by the injury, reserve your prognosis.

IN ordinary sore throat, when the secretions are excessive and there is much restlessness, a few drops of the fluid extract of hyoscyamus, given every one or two hours, will give the patient relief.

M. KOHOS has found frequently in Tunis that malarial subjects die of tuberculosis, and he thinks that the anæmia from the malaria is the predisposing cause of the secondary infection. —SATELLITE.

A GOOD appetizing tonic:

℞

Quiniæ sulph.....
Ferri. citr.....aa ℥ss

M. Ft. capsulæ No. XL.
Sig.: One after meals.

AN all-around ointment for sore nipples, chapped lips, hands, etc.:

℞

Cocaine Hydch.....grs. i
Vaseline .....℥i

M. Sig.: Apply ad libitum.

A MILD alterative tonic:

℞

Potas. iodid.....℥iss
Tr. gentian. comp.....
Aquæ. dest.....a a ℥ii

M. Sig.: Teaspoonful in water after meals.

FOR insomnia and dizziness and staggering of old persons:

℞

Hydrarg. bichl.....grs. ii
Aquæ dest.....℥viii

M. Sig.: Teaspoonful after meals.
—MAGUIRE.

A. B. C. OF SWEEDISH EDUCATIONAL GYMNASTICS, a practical hand-book for school teachers and the home, by Hartnig Nissen. Published by F. A. Davis, Philadelphia, Pa. Price, 75 cents.

A Prophylactic Against Influenza.

Every indication points toward a return of a severe pandemic of influenza. On the 24th of December, 1889, after numbering thousands of victims abroad, it suddenly appeared in the United States, and cost more lives than many epidemics of cholera.

The nature of the affection, the marked debility induced by it and its sequelæ all point to a remarkable depression of the general system. During its presence in the country the prevalence and severity of other acute diseases were largely increased and the mortality from all other causes augmented. This condition of affairs continued for some time after the subsidence of the epidemic.

The value of coca as a tonic to antagonize any tendency to adynamia is too well known to require elaboration here. Its therapeutical effects tend to build up precisely what influenza tends to destroy, a fact instanced by the use made of coca leaves by the natives of Bolivia and Peru, which renders them capable of undergoing the greatest possible physical strain, and that frequently with sparce nourishment. This remarkable tonic action of coca in medical therapeutics has further been attested by Brown-Sequard, Bujardin-Beaumetz, Ball, Bouchut, A. McLane Hamilton, A. E. Macdonald, H. M. Lyman, I. N. Danforth, P. S. Conner and many other eminent physicians too numerous to mention in the space at our disposal.

The coca wine made by Mr. Mariani, of Paris, and termed Vin Mariani, is a preparation based on a scientific study of the individual virtues of the several varieties of the plant, conducted with a view to extract from them the most potent components, giving rise to tonic effect. The wine employed as an excipient is also selected with the same idea in mind, its fineness and purity giving the Vin Mariani the agreeable aroma which is peculiar to it. It is not only indicated as a prophylactic against influenza by the strongest inferences of experimental therapeutics, but its use meets the approval of pure common sense. A wineglassful should be administered three times a day after meals or about half an hour before each meal. —Editorial by Charles E. Sajous, M.D. The Satellite of the Annual of the Medical Sciences, January, 1892.

THE Drevett Manufacturing Co., the manufacturers of Marchand's Hydrogen Peroxide, etc., have moved their laboratory from 10 West 4th street to 28 Prince street, New York City.

DR. WHITMORE, of Parke, Davis & Co., attended the organization of the new gynecological society and found time to win many of the brothers over to his way of thinking. The doctor is a genial, wholesouled gentleman whom it is always a pleasure to meet.

AT THE COLLEGE OF PHYSICIANS AND SURGEONS, CHICAGO.—MESSRS. RENZ & HENRY: I have frequently used your Elixir Three Chlorides in dermatological cases and with most gratifying results. It is one of the most useful alterative tonics in certain stages of syphilis. Very respectfully,

HENRY J. REYNOLDS, M.D.,
Professor of Dermatology.

ROSSVILLE, July 16, 1891.

ANTIKAMNIA CHEMICAL CO., St. Louis, Mo.

GENTLEMEN: After using continuously in my practice eight ounces of antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made.

After nearly twenty-five years of hospital and private practic, I would rather abandon morphine than antikamnia, which I also consider an unequaled febrituge. Indeed, its antipyretic qualities are wonderful in reducing the temperature.

I have never had a patient object to taking the dry powder on the tongue, nor had one complain of the slightest malaise after its administeration. I know I am making sweeping assertions, but yon should know the truth so as to be encouraged in your work. Truly,

CALEB LYON, M. D.